

Clarke Credit Application

Corporate Name: _____
 D/B/A Name: _____
 Street Address _____ PO Box #: _____
 City, ST, Zip _____ City, ST, Zip: _____

Credit Line Requested: \$ _____ Federal ID #: _____ Sales Tax Exempt # _____
 Years in Business: _____ Years Under Present Owner: _____ Fiscal Year End: _____

Principal (s): _____ A/P Contact: _____

Organization Type: Corporation Partnership Individual Subchapter S LLC
 Business Type: Commercial Industrial Contractor National Other

Attach last two year end audited Financial Statements: (20 _____), (20 _____)

REFERENCES

Bank: _____ Contact: _____
 Street Address _____ Phone: _____
 City, ST, Zip _____ Account #: _____

Supplier: _____ Contact: _____
 Street Address _____ Phone: _____
 City, ST, Zip _____ Fax: _____
 Credit Line: _____

Supplier: _____ Contact: _____
 Street Address _____ Phone: _____
 City, ST, Zip _____ Fax: _____
 Credit Line: _____

Supplier: _____ Contact: _____
 Street Address _____ Phone: _____
 City, ST, Zip _____ Fax: _____
 Credit Line: _____

Has the company or any officer/owner ever filed bankruptcy: No Yes (if yes, provide details)

I authorize Nilfisk-Advance, Inc. dba/ Advance to obtain information concerning any statements made herein and understand that a credit report may be requested in connection with this application and any subsequent update, renewal, or extension of credit. Applicant's signature attests financial responsibility, ability and willingness to pay Nilfisk-Advance's invoices in accordance with its payment terms. To the best of my knowledge, the information I have provided is true.

Name: _____ Date: _____
 Signature _____ Title: _____
 (Must be signature of Owner or Authorized Officer)